

Student Information (Part 1):			
Student LAST Name:	[PRINT CLEARLY]		
Student FIRST Name:	[PRINT CLEARLY]		
Student Major:	<input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME	Year of Graduation:	
Contact Information:	Email:	Phone:	

Requesting waiver of prerequisite(s) for the following Cooper Union course (Part 2):		
Course Code ▼	Course Title ▼	Number of Credits ▼
This course is: <input type="checkbox"/> a required course <input type="checkbox"/> an elective		

Please waive the following course(s) as prerequisites for the course above (Part 3):		
Course Code ▼	Course Title ▼	Number of Credits ▼

--- STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean's Office. Betsy will take care of signatures. ---

Required Signatures (Part 4):	
Student Signature:	(Sign) _____ Date: _____
Course Instructor Signature:	(Print) _____ (Sign) _____ Date: _____
Student Advisor Signature:	(Print) _____ (Sign) _____ Date: _____
Department Chair Signature: *(<u>only</u> if Instructor is an adjunct)	Department associated with course: <input type="checkbox"/> CE <input type="checkbox"/> Ch <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> MA <input type="checkbox"/> ME <input type="checkbox"/> PH (Print) _____ (Sign) _____ Date: _____